

## (1) PLACE OF BIRTH

County of CherokeeTownship of MorganInc. Town of YCity of Y  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45731

Registration District No. 1005 B. Registered No. 77  
(For use of Local Registrar)(2) Full Name of Child Brison Humphries

If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 9, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Brison Humphries(9) PRESENT POSTOFFICE OF FATHER Cherokee SC. R. 405 #3(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma Watkins(15) PRESENT POSTOFFICE OF MOTHER Cherokee SC. R. 405 #3(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:15 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. O'Neil(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Cherokee - SC.

Given name added from a supplemental report

May 10, 1916  
C. W. Miller  
Super Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 25, 1916 (28) H. S. Myers Local Registrar

\*When there was no attending physician or midwife, when the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS etc., fill in question 20. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

PLEASE PRINT. THE OFFICE IS NOT TO BE FURNISHED WITH A PHOTOGRAPH.